

(1) OWNER: Name Paul J Hanson Address 2811 S Park Dr. Comino Isl. Stanwood Wa. 982

(2) LOCATION OF WELL: County Eschscholtz Island - NW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 10 T. 30 N. R. 3 W.M.

Bearing and distance from section or subdivision corner

(3) **PROPOSED USE:** Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) _____

New well <input checked="" type="checkbox"/>	Method: Dug <input type="checkbox"/>	Bored <input type="checkbox"/>
Deepened <input type="checkbox"/>	Cable <input type="checkbox"/>	Driven <input type="checkbox"/>
Reconditioned <input type="checkbox"/>	Rotary <input checked="" type="checkbox"/>	Jetted <input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well 6 inches.
Drilled 243 ft. Depth of completed well 243 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 238 ft.
 Threaded ☐ " Diam. from ft. to ft.
 Welded ☒ " Diam. from ft. to ft.

Perforations: Yes ☐ No ☒

Type of perforator used.....

SIZE of perforations in. by in.

..... perforations from ft. to ft.

..... perforations from ft. to ft.

..... perforations from ft. to ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Johnson

Type _____ Model No. _____

Diam. 5 Slot size #15 from 238 ft. to 243 ft.

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel:
Gravel placed from ft. to ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft
Material used in seal BENTONITE
Did any strata contain unusable water? Yes ☐ No ☐
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) **PUMP:** Manufacturer's Name. _____
Type: _____ **H.P.** _____

(8) **WATER LEVELS:** Land-surface elevation above mean sea level. _____ ft.
 Static level 184 _____ ft. below top of well Date 8-16-84
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☒ If yes, by whom? _____

Yield: _____ gal./min. with _____ ft. drawdown after _____ hr

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
 Bailer test 35 gpm gal./min. with 4 ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Sand Brown Clay	0	183
Brown Clay	183	190
Blue Silty Clay	190	231
Coarse Sand And Water	231	243

~~RECEIVED~~
~~DEPT OF ECOLOGY~~

SEP	1	2	1984
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Work started 8-13-, 1984. Completed 8-16-, 1984

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME.....DAHLMAN PUMP & WELL DRILLING INC......
(Person, firm, or corporation) (Type or print)

Address P O BOX 422 Burlington Wa. 98233

[Signed] H Ken Fowler
(Well Driller)

License No. 1192 Date 8-17-, 1984



Well Tagging Form

28915

501



Unique Well Tag No: AKY-741

RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name Clear Water System Last Name: _____

Street Address 2584 Park Drive

City Cumano Island State WA 98282

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: Parcel S8240-00-00092-2 Park Drive

City Cumano Island County: Island

T 30 N R 3 E WM Sec 10 NW 1/4 of the NW

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

State Health

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Description of well (size or casing type or well housing, etc.)

6" casing Drilled well. well head in pump house - clear 100' radius on wooded lot

or Well identification Tag

strapped to well casing

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION 10 (2 quarter/quarter section)

C	B	A
F	G	H
L	K	J
P	Q	R

ITS

WATER RESOURCES PROGRAM ONLY

1#

Date Issued

ne

Application

Permit

Certificate

Claim

Eyemot